

APPLICATION FOR BOARDS AND COMMISSIONS OFFICE OF THE GOVERNOR

Full Name:(please print or type) Spouse's Name:			Mr. Mrs. Dr. Ms. (please circle one)		
			Mr.	Mrs.	Dr. Ms.
Address		, State, Zip			Phone
Home:	/		()	-
			`	/	
Office:	/		()	
Email Address:					
Correspondence preference: Office	Home		FAX ()	
Date of Birth:/ Place	e of Birth:		SS No:		
Political Party Legis	slative District	Referred b	у		
CURRENT EMPLOYMENT: (Title & EDUCATION: (Including degrees comp	2 3 4 5 2. Company/Agency	A list of current vaca website. http	ncies can be fou:://www.governo	nd at the (Governor's us
1. (Name)	(Busin	ess/Company/Agency)			(Phone Number)
2.	,	1			·
3.					
AFFIRMATION OF ELIGIBILITY: To your knowledge, have any form against you in any jurisdiction?	nal charges of profess	ional misconduct, cr	iminal misdeme	anor or a f	elony ever been filed
Yes	No	If Yes, please att	ach explanation		
Is there any possible conflict of impartially discharging your duties as an governor?					
Yes	No	If so, please attac	-		
I certify that the facts contained in statutory requirements governing the board requirements. I authorize investigation of a information concerning my qualifications an from all liability for any damages that may re	I/commissions in what statements contained any pertinent inform	nich I have expressed ed herein and the re- mation they may hav	ed an interest a eferences listed	and confir	m that I meet those give you any and all
SIGNATURE:		D	ATE:		